

ENTRY FORM :

Return entry form with fee (s) to: KCC Advisory Board, 2201 S. 7th St , Milwaukee, WI 53215
Make check or money order out to: KCC Advisory Board

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Age: _____

Email address _____

CHECK ONE to let us know if you are doing the bench press, dead lift or both.

I am competing individually in the:

___ Bench Press (\$35) ___ Dead Lift (\$35) ___ Both Bench Press & Dead Lift (\$60)

T-Shirts are NOT INCLUDED in the registration.
They will be available for purchase during the competition.

Please check ONLY ONE CATEGORY in which you are competing:

___ Females	___ Male Teens 19 & Under
___ Males 180 lbs. & under	Males 181 lbs. & over ___Assisted ___ Raw
Masters (45-55) ___ Assisted ___ Raw	Masters (56-older) ___ Assisted ___ Raw

(The option of “Assisted vs. Raw” is only available in three of the six categories)

-RELEASE-

In consideration of your acceptance of this entry, I hereby waive, for myself, my heirs and assigns, any and all claims for injury or damages which I may incur by virtue of my competing in this contest as against Milwaukee County, Kosciuszko Community Center Advisory Board and any of their agents and employees. I also realize that the sport of Powerlifting is a high risk sport and that I could be injured. I certify that I am in good physical health and have no serious health problems and that I assume full responsibility for such conditions. I also realize that I am fully responsible for my well being and safety in the warm up area, on the lifting platform, and while I am lifting at this event. I also give Milwaukee County, Kosciuszko Community Center, Kosciuszko Community Center Advisory Board and all other parties involved with this meet permission to post my name and any photos taken at the event. I understand that my Entry Fees go to cover trophies and other meet related costs. I also certify, by my signature, that I have read this release and fully understand and accept its terms. I do hereby verify my acceptance of this release by my signature below. Do not sign this release before reading it fully and carefully. If you do not accept its terms, DO NOT SIGN IT.

Parent/Guardian Signature of Participant Date
(if under 18 years old)

Participants Signature Date

38th Annual State of Wisconsin Bench Press & Dead Lift Competition
9:00AM on Saturday, March 29, 2014
Kosciuszko Community Center
2201 South 7th Street - Milwaukee, WI 53215 - (414) 645-4624

All lifters must be dressed appropriately for the weigh-in & competition
BENCH PRESS weigh-in 9:00AM, COMPETITION 10:00AM. DEAD-LIFT TO FOLLOW
SPECTATOR FEES: Adults \$2, Children \$1

Return registration to Kosciuszko Community Center by March 17, 2014.
For late Registration call Riley at 414-645-4624